



THOMAS L. GARTHWAITE, M.D. Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES 313 N. Figueroa, Los Angeles, CA 90012 (213) 240-8101

May 22, 2003

The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, California 90012

Dear Supervisors:

SEXUALLY TRANSMITTED DISEASE SCREENING, TREATMENT, CASE FINDING AND EDUCATION SERVICES - L.A. GAY AND LESBIAN CENTER (3rd District) (3 Votes)

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and instruct the Director or Health Services, or his designee, to sign agreement Amendment No. 3 to Agreement No. H-211172-2, substantially similar to Exhibit I, with the L.A. Gay and Lesbian Center, for the provision of sexually transmitted disease screening, treatment, case finding and education services, with a total maximum County obligation of \$288,214, 100% net County cost, effective July 1, 2003 through June 30, 2004, with provision for a one year automatic renewal for the period of July 1, 2004 through June 30, 2005, contingent upon available funding.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION:

In approving this action, the Board is authorizing the Director of Health Services, or his designee, to sign Amendment No. 3 with L.A. Gay and Lesbian Center (LAGLC) for the continued provision of sexually transmitted disease (STD) screening, treatment, case finding and education services.

The LAGLC serves a population which shows one of the highest incidences of STD in the County, and continues to experience a high success rate, not shown by other public or private agencies, in getting sexually active gay or bisexual men and women to seek proper medical care and treatment. In this manner, the LAGLC assists the Department of Health Services (DHS or Department) in carrying out its public health responsibilities under State law.

The existing agreement is scheduled to expire on June 30, 2003. In order to maintain the continuity of services provided by the LAGLC during Fiscal Years (FY) 2003-04 and FY 2004-05, approval of Amendment No. 3 is required.

Gloria Molina First District

Yvonne Brathwaite Burke Second District

> Zev Yaroslavsky Third District

Don Knabe Fourth District

Michael D. Antonovich Fifth District The Honorable Board of Supervisors May 22, 2003 Page 2

FISCAL IMPACT/FINANCING:

The maximum County obligation for FY 2003-04 is \$288,214 funded by net County costs. The one year renewal period for FY 2004-05 is at the same level of funding, contingent upon available funds.

Funding is included in the FY 2003-04 Proposed Budget and does not require additional net County cost. Funding will be requested in future fiscal years.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

Since 1974, the County has contracted with the LAGLC, to provide STD screening, treatment, case finding, and education services in the Central and West Los Angeles areas, and recently the Hollywood area.

On subsequent occasions, the Board has approved renewal agreements and amendments to provide additional funding and to maintain the continuity of services.

On June 11, 2002, the Board approved Amendment No. 2 for the period July 1, 2002 through June 30, 2003.

Approval of Amendment No. 3 will extend the term of the agreement through June 30, 2004, with provision for a one year automatic renewal effective July 1, 2004 through June 30, 2005, contingent upon available funds.

The agreement provides for termination, with or without cause, by either party upon giving of at least thirty (30) days' advance written notice to the other party.

County Counsel has reviewed Exhibit I as to use and form.

Attachment A provides additional information.

CONTRACTING PROCESS:

Services provided under the current agreement were initially awarded on a sole source basis. The Department's recommendation to renew the agreement with LAGLC is based on their success in encouraging sexually active or gay or bisexual men and women within Los Angeles County who have contagious, infectious, or communicable sexually transmitted diseases to seek proper medical treatment and care. The LAGLC continues to be an integral part of the public health mission in providing STD prevention, testing, and treatment services.

The LAGLC serves as a sentinel surveillance site for a number of important STDs. In addition, the LAGLC services a population that does not seek STD medical care from the County and also a population that has a high rate of STD morbidity.

The Honorable Board of Supervisors May 22, 2003 Page 3

IMPACT ON CURRENT SERVICES (OR PROJECTS):

The Board's approval of the recommended action will maintain the current level of services in the Central Los Angeles, West Los Angeles, and Hollywood areas of the County during FY 2003-04 and FY 2004-05.

When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,

Thomas L. Garthwaite, M.D.

Director and Chief Medical Officer

TLG:kh

Attachments (2)

c: Chief Administrative Officer

County Counsel

Executive Officer, Board of Supervisors

BLETCD2424:KH

5/5/03

SUMMARY OF AGREEMENT

TYPE OF SERVICES:

Sexually transmitted disease screening, treatment, case finding, and education services.

AGENCY/ CONTACT PERSON:

L.A. Gay and Lesbian Center - Sexual Health Program 1625 North Schrader Blvd. Los Angeles, California 90028-6213

Attention: Robert Bolan, Director of Health Services

Telephone: (323) 993-7500 Facsimile: (323) 993-7599

TERM OF AGREEMENT:

Effective July 1, 2003 through June 30, 2004, with provision for a one year automatic renewal for the period of July 1, 2004 through June 30, 2005, contingent upon available funds.

FINANCIAL INFORMATION:

The maximum County obligation for FY 2003-04 is \$288,214 funded by net County costs. The one year automatic renewal period for FY 2004-05 is at the same level of funding. Funding is included in the FY 2003-04 Proposed Budget and will be requested in future fiscal years.

SERVICES/PERFORMANCE INFORMATION:

Estimated STD Patient Visits: 3,760 per year. During the term of the existing agreement, the contractor has performed all aspects of its contractual obligation in a satisfactory manner.

GEOGRAPHIC AREA TO BE SERVED:

Central Los Angeles, West Los Angeles, and Hollywood.

DESIGNATED ACCOUNTABLE FOR PROJECT MONITORING:

James G. Haughton, M.D., M.P.H., Public Health, Medical Director

APPROVALS:

Public Health:

John F. Schunhoff, Ph.D., Chief of Operations

Contracts and Grants Division:

Riley J. Austin, Acting Chief

County Counsel (approval as to form):

Robert E. Ragland, Senior Deputy County Counsel

Contract No. H-211172-3

SEXUALLY TRANSMITTED DISEASE SCREENING, TREATMENT, CASE FINDING AND EVALUATION SERVICES AGREEMENT

Amendment No. 3

	THIS AMENDMENT is mad	de and	entered into this day	У
of _		, 2	003,	
	by and between		COUNTY OF LOS ANGELES (hereafte: "County"),	r
	and		L.A. GAY AND LESBIAN CENTER (LAGLC), a California nonprofit corporation (hereafter "Contractor")	

WHEREAS reference is made to that certain document entitled "SEXUALLY TRANSMITTED DISEASE SCREENING, TREATMENT, CASEFINDING, AND EDUCATION SERVICES AGREEMENT", dated June 13, 2000 and further identified as County Agreement No. H-211172, between the County and L.A. Gay and Lesbian Center ("Contractor") and any Amendments thereto (all hereafter referred to as "Agreement"); and

WHEREAS, it is the intent of the parties hereto to amend Agreement to extend the term and make other hereinafter designated changes; and

WHEREAS, said Agreement provides that changes may be made in

the form of a written amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

- 1. Paragraph 1, TERM, shall be revised as follows:
- "1. TERM: The term of this Agreement shall commence on June 13, 2000 and shall continue in full force and effect through June 30, 2004. This Agreement shall be automatically renewed from July 1, 2004 through June 30, 2005, provided that available funding is appropriated for the extended period, unless the desire, of either party not to renew the same is given in writing to the other party not less than thirty (30) days prior to the end of the initial 12-month term. In any event, either party may terminate this Agreement at any time, with or without cause, by giving at least a thirty (30) day written notice thereof to the other.

In the event of the expiration or prior termination of the term of this Agreement, Contractor shall fully cooperate with County to provide for the transition to whatever service replacement method County determines to be in its best interest.

Director may also suspend the performance of services hereunder, in whole or in part, upon Contractor's receipt of County's written notice. County's notice shall set forth the reasons for the suspension, the extent of the suspension, and

the requirements for full restoration of the performance obligations.

County shall not be obligated for Contractor's performance hereunder or by any provision of this Agreement during any of County's fiscal year (July 1 - June 30) unless and until County's Board of Supervisors appropriates funds for this Agreement in County Budget for each fiscal year. If such funds are not forthcoming, County shall notify Contractor in writing of such non-allocation of funds at the earliest possible date.

Notwithstanding any other provision of this Agreement, the failure of Contractor or its officers, agents, or employees to comply with the terms of this Agreement or any written directives by or on behalf of County issued pursuant hereto shall constitute a material breach hereto and this Agreement may be terminated by County immediately. County's failure to exercise this right of termination shall not constitute a waiver of such right, which may be exercised at any subsequent time.

In the event of termination or suspension of this Agreement, Contractor shall:

A. If individual clients/patients are treated hereunder, make immediate and appropriate plans to transfer or refer all clients/patients treated under this

Agreement to other agencies for continuing care in accordance with the individual client's or patient's needs. Such plans shall be approved by Director, except in such instance, as determined by Contractor, where an immediate client/ patient transfer or referral is indicated. In such instances, Contractor may make an immediate transfer to referral.

- B. Immediately eliminate all new costs and expenses under this Agreement. New costs and expenses include, but are not limited to, those associated with new client/patient admissions. In addition, Contractor shall immediately minimize all other costs and expenses under this Agreement. Contractor shall be reimbursed only for reasonable and necessary costs or expenses incurred after receipt of notice of termination.
- C. Promptly report to County in writing all information necessary for the reimbursement of any outstanding claims and continuing costs.
- 2. Paragraph 2, DESCRIPTION OF SERVICES, shall be revised as follows:
 - "2. <u>DESCRIPTION OF SERVICES</u>: Contractor shall provide the services described in Exhibit A-3 and A-4, attached hereto and incorporated herein by reference. Services shall be provided to persons who live within the County of

Los Angeles who suffer from or are suspected of suffering from sexually transmitted diseases. County approved supplies provided pursuant to this Agreement shall be used solely for the detection and treatment of sexually transmitted diseases. The program under which these services shall be provided is the Sexually Transmitted Disease Control Program (hereafter "Program")."

- 3. Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, shall be revised as follows:
 - "3. MAXIMUM OBLIGATION OF COUNTY: During the period July 1, 2003 through June 30, 2004, the maximum obligation of County for all services provided hereunder shall not exceed Two Hundred Eighty Eight Thousand, Two Hundred Fourteen Dollars (\$288,214) in accordance with Schedule 1-C, attached hereto and incorporated herein by reference.

If this Agreement is renewed for the period of July 1, 2004 through June 30, 2005, the maximum obligation of County for Contractor's performance hereunder shall not exceed Two Hundred Eighty Eight Thousand, Two Hundred Fourteen Dollars (\$288,214) in accordance with Schedule 1-D, attached hereto and incorporated herein by reference."

- 5. Paragraph 56, COMPLIANCE WITH JURY SERVICE PROGRAM, shall be added to the Agreement as follows:
 - 56. COMPLIANCE WITH JURY SERVICE PROGRAM:

A. <u>Jury Service Program</u>: This Agreement is subject to the provisions of the County's ordinance entitled Contractor Employee Jury Service ("Jury Service Program") as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code.

B. Written Employee Jury Service Policy:

- (1) Unless Contractor has demonstrated to the County's satisfaction either that Contractor is not a "Contractor" as defined under the Jury Service Program (Section 2.203.020 of the County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of the County Code), Contractor shall have and adhere to a written policy that provides that its Employees shall receive from the Contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with the Contractor or that the Contractor deduct from the Employee's regular pay the fees received for jury service.
- (2) For the purposes of this Paragraph, and as set forth in the Jury Service Program provision of the County Code as described herein above: "Contractor" means a person, partnership, corporation or any other

entity which has a contract with the County or a subcontract with a County contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one (1) or more County contracts or subcontracts; "employee" means any California resident who is a full time employee of Contractor; and "full time" shall mean forty (40) hours or more per week, or lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of ninety (90) days or less within a twelve (12) month period are not considered full-time for purposes of Jury Service Program. If Contractor uses any subcontractor to perform services for the County under this Agreement, the subcontractor shall also be subject to the provisions of this Paragraph. The provisions of this Paragraph shall be inserted into any such subcontract agreement and a copy of the Jury Service Program shall be attached to the agreement.

(3) If Contractor is not required to comply with the Jury Service Program when this Agreement

commences, Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and Contractor shall immediately notify County if Contractor at any time either comes within the Jury Service Program's definition of "Contractor" or if Contractor no longer qualifies for an exception to the Program. In either event, Contractor shall immediately implement a written policy consistent with the Jury Service Program. The County may also require, at any time during the Agreement term and at its sole discretion, that Contractor demonstrate to the County's satisfaction that Contractor either continues to remain outside of the Jury Service Program's definition of "contractor" and/or that Contractor continues to qualify for an exception to the Jury Service Program. The required form, "County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception", Exhibit D, is to be completed by the Contractor prior to Board approval of this Agreement and forwarded to County.

(4) Contractor's violation of this Section of the contract may constitute a material breach of this

Agreement. In the event of such material breach,
County may, in its sole discretion, terminate this
Agreement and/or bar Contractor from the award of
future County contracts for a period of time
consistent with the seriousness of the breach."

- 6. Paragraph 57, SAFELY SURRENDERED BABY LAW LANGUAGE, shall be added to the Agreement as follows:
 - "57. A. NOTICE TO EMPLOYEES REGARDING THE SAFELY

 SURRENDERED BABY LAW: The Contractor shall notify
 and provide to its employees, and shall require each
 subcontractor to notify and provide to its employees, a
 fact sheet regarding the Safely Surrendered Baby Law, its
 implementation in Los Angeles County, and where and how to
 safely surrender a baby. The fact sheet is set forth in
 Exhibit E of this contract and is also available on the
 Internet at www.babysafela,org for printing purposes.
 - B. Contractor's Acknowledgment of County's Commitment to the Safely Surrendered Baby Law: The Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the County's policy to encourage all Contractors to voluntarily post the County's "Safely Surrendered Baby Law" poster in a prominent position at the Contractor's place of business. The Contractor will also encourage its Subcontractors, if any,

to post this poster in a prominent position in the Subcontractor's place of business. The County's Department of Children and Family Services will supply the Contractor with the poster to be used."

7. Paragraph 58, NO PAYMENT FOR SERVICES PROVIDED FOLLOWING EXPIRATION/TERMINATION OF AGREEMENT, SHALL BE ADDED TO THE Agreement as follows:

"58. NO PAYMENT FOR SERVICES PROVIDED FOLLOWING EXPIRATION/TERMINATION OF AGREEMENT: Contractor shall

have no claim against County for the payment of any monies, or reimbursements of any kind whatsoever, for any service provided by Contractor after the expiration or (other) termination of this Agreement, even if Contractor's provision of such services were requested by County directly. Should Contractor receive any such payment, it shall immediately notify County and shall repay or return all such funds or reimbursements to County within a reasonable amount of time. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or (other) termination of this Agreement."

8. As of July 1, 2003, Exhibits A-3, A-4, B-3 and B-4 shall be added to the Agreement.

- 9. As of July 1, 2003, Schedule 1-C and Schedule 1-D shall be added to the Agreement.
- 10. As of July 1, 2003, Exhibits A-3 and B-3, and Schedule 1-C shall supersede and replace Exhibits A-2 and B-2, and Schedule 1-B, respectively.
- 11. As of July 1, 2004, Exhibits A-4 and B-4, and Schedule 1-D shall supersede and replace Exhibits A-3 and B-3, and Schedule 1-C. respectively, contingent upon available funding.
- 12. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

Director of Health Services, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

AMENDCD2425.KH kh:5/20/03

	COUNTY (OF LOS ANGELES
		Chomas L. Garthwaite, M.D.
	L.A. GAY	AND LESBIAN CENTER Contractor
	Ву	Signature
		Printed Name
	Title	(AFFIX CORPORATE SEAL HERE)
APPROVED AS TO FORM BY THE OFFICE OF THE COUNTY LLOYD W. PELLMAN County Counsel	COUNSEL	
APPROVED AS TO CONTRACT ADMINISTRATION:		
Department of Health Servic	es	
ByActing Chief, Contracts Division	and Gran	Es
AMENDCD2425.KH		

SCOPE OF SERVICES JULY 01, 2003 – JUNE 30, 2004

PROGRAM UNITS

Program is composed of the following units:

- I. Administration
- II. Medical Records and Admissions
- III. Laboratory
- IV. Case Management
- V. Medical Services
- VI. Health Education

UNITS DESCRIPTION AND OBJECTIVES

Contractor agrees to provide services of the Program which will be organized as outlined herein below by six major program units. Contractor further agrees to exercise all reasonable efforts to attain all Program objectives as presented in this outline of Program units.

The Sexually Health Program Clinic of the L.A. Gay and Lesbian Center (hereinafter referred to as ("Clinic") is composed of six units, and is organized as follows:

I. ADMINISTRATION

A. Description of Unit:

For purpose of this Agreement, the Clinic's Director of the Sexual Health Program shall ensure that the Clinic is operated in compliance with laws, regulations, contract and policy pursuant to the Departmental publication of Sexually Transmitted Disease Procedure Manual.

The Contractor will act as a sentinel surveillance site for a number of important STDs including Gonorrhea, Chlamydia, Syphilis, Human Papilloma Virus (HPV), herpes and other STDs. The Contractor will also provide basic epidemiologic information on a specific population of gay men and lesbians with high rates of STD morbidity. Surveillance information obtained via the Clinic is critical for health promotion and disease control within a population exhibiting high STD morbidity.

SCOPE OF SERVICES JULY 01, 2003 – JUNE 30, 2004

B. Unit Objectives:

- 1. Supervise, direct, and coordinate all units of Clinic.
- 2. Monitor provision of medical services to ensure compliance with laws, regulations, contract and County policy.
- 3. Solicit, receive, manage, control, and direct Clinic funds.
- 4. Prepare and forward periodic reports as required by County.
- 5. Represent Clinic as required.
- 6. Ensure that all licenses, insurance and other documents are current and meet requirements of laws, regulations and contract.
- 7. Recruit, train, and evaluate salaried and volunteer staff.
- 8. Control supplies, service levels, and inventory.

II. MEDICAL RECORDS AND ADMISSIONS

A. <u>Description of Unit</u>:

Unit shall prepare and store charts, records, test results, and pertinent papers in order to provide adequate documentation of medical care to each client accepted into Clinic. Unit shall schedule appointments, admit and screen clients, collect fees and donations, and any related revenues including maintenance of adequate documentation.

B. <u>Unit Objectives</u>:

1. Operate appointment and admission systems to ensure intake of an average of eighteen clients per clinic at the McDonald/Wright Building (220 clinics per year/approximately 3,960 unduplicated clients per year); an average of two clients per clinic at *The SPOT* (190 clinics per year/approximately 380 unduplicated clients per year); and an average of 2,056 unduplicated clients per year at community fairs, festivals, bathhouses, etc.

SCOPE OF SERVICES JULY 01, 2003 – JUNE 30, 2004

Such figures reported as listed above shall consist of approximately 3,710 men who have sex with men and/or women (MSM/W), and approximately 50 lesbians exhibiting high STD morbidity.

- 2. Maintain client records in an efficient manner and in accordance with law and established confidentiality.
- 3. Collect, analyze, maintain and report data to County as required under the provisions of this Agreement.
- 4. Operate all services without charge, but accept donations from clients and the general public, and track and account for all such revenue.
- 5. Staff nurse review of all medical records after each clinic session according to accepted standards, and reporting of positive results on County Morbidity Results (CMR) cards.

III. LABORATORY

A. Description of Unit:

The laboratory shall be licensed, supervised by a licensed medical laboratory technologist(s), and shall perform, (at a minimum, tests for gonorrhea and syphilis).

In addition, the laboratory is licensed to perform:

- Urine Pregnancy
- Herpes Simplex Type 1 and/or 2 Antigen
- Chlamydia Antigen (Urine or Urethral and Cervical)
- Strep Throat
- H. Ducreyi Presumptive ID
- Vincent's Angina Presumptive
- Candida Albicans (Rule Out)

SCOPE OF SERVICES JULY 01, 2003 – JUNE 30, 2004

- T. Vaginalis
- Fungal Skin Scrapings

B. Unit Objectives

- 1. At a minimum, perform tests for Syphilis and Gonorrhea, Chlamydia, Herpes, Candida, Urine Pregnancy, Strep Throat, H. Ducreyi, Presumptive ID, Vincent's Angina Presumptive, T. Vaginalis, Fungal Skin Scrapings.
- 2. Process and report stat laboratory tests including, but not limited to, Rapid Plasma Reagin, gram stain, darkfield exam.
- 3. Report all positive/reactive findings indicative of Sexually Transmitted Disease as per Section 25.5 of the California Code of Regulations.
- 4. Maintain records of all such tests as required by law and regulations.
- 5. Maintain inventory control.
- 6. Perform and record quality control tests as required by law.
- 7. Maintain an up-to-date lab manual.

IV. CASE MANAGEMENT:

A. Description of Unit:

This unit shall interview or counsel, follow-up and document treatment of persons identified at Clinic, or through referral from the outside as having syphilis, gonorrhea, chlamydia, non gonococcal urethritis and/or chancroid.

B. <u>Unit Objectives:</u>

- 1. Syphilis Case Management
 - a. Counsel/Interview 90 95% of all primary, secondary, and early latent syphilis cases using motivational techniques and the self referral checkmate type of system within three days of detection/diagnosis. Counseling shall emphasize patient compliance, patient knowledge of disease, and referral of persons exposed to the patient's infection.

SCOPE OF SERVICES JULY 01, 2003 – JUNE 30, 2004

- b. Re-counsel 90 95% of total cases counseled (70 75% within 7 days) for the purpose of ensuring medical compliance and referral of sex partners for counseling.
- c. Examine new locatable contacts, suspects, associates and high priority patients requiring further evaluation or treatment (as determined by Program policy) within the following time frames.*

45 to 50% in 3 days 70 to 75% in 7 days 80 to 85% in 14 days

- *Computing time from date assigned by Epi Supervisor.
- d. Provide epidemiologic (preventive) treatment for 90-95% of clinically and serologically negative contacts who could nevertheless be incubating syphilis.
- e. Keep legible records and statistics as required by County.
- 2. Gonorrhea Case Management
 - a. Counsel/Interview 85 90% of all clients clinic diagnosed as having gonorrhea using motivational techniques and a self referral checkmate type system.
 - b. Record all counseling activity and submit to County on CMR card.
 - c. Assure that 90% of gonorrhea cases (laboratory confirmed) are adequately treated within ten days of report by lab.
 - d. Provide epidemiologic treatment for 90 95% of laboratory negative contacts to gonorrhea patients.
- 3. Chlamydia Case Management (reporting began 03/13/92)
 - a. Counsel/Interview 85 90% of all clients diagnosed as having Chlamydia Antigen positive test using motivational techniques and self referral checkmate type system.
 - b. Record all counseling activity and submit to County on CMR card.

SCOPE OF SERVICES JULY 01, 2003 – JUNE 30, 2004

- c. Assure that chlamydia cases (laboratory confirmed) are adequately treated.
- d. Provide epidemiologic treatment for 90 95% laboratory negative contacts.
- 4. Non Gonococcal Urethritis Case Management. (Reported since 1990 following the same guidelines as sections 2 and 3 above)
- 5. Chancroid Case Management. (Reported following guidelines as in Section 3 and 4 above.)
- 6. Herpes (Not reportable, but all clients are interviewed and provided with education and counseling.)

V. MEDICAL SERVICES

A. <u>Description of Unit</u>:

In accordance with County Sexually Transmitted Disease guidelines, this unit shall assess and treat all clients requesting services.

B. <u>Unit Objectives</u>:

- 1. Medically assess and plan treatment for all such clients and provide such treatment according to County protocol.
- 2. Refer for medical follow-up when treatment is required beyond the scope of Clinic's capability.
- 3. Counsel and educate clients as to the nature of their disease and appropriate follow-up care.
- 4. Re-schedule for follow-up testing and/or treatment as required.

SCOPE OF SERVICES JULY 01, 2003 – JUNE 30, 2004

VI. HEALTH EDUCATION:

A. <u>Description of Unit:</u>

The Unit shall provide professional education expertise for developing and organizing STD prevention oriented services and outreach activities associated with all sexually transmitted diseases including information about Acquired Immune Deficiency Syndrome (AIDS). Provision of such services shall occur primarily at *The SPOT*.

B. Unit Objectives:

- 1. Maintain close liaison with, both, in-house and outside education and research activities.
- 2. Translate most recent research results into meaningful information for clients, volunteers, staff, media, and all outreach activities.
- 3. Provide professional consultation to volunteers, staff, agency, and organizations where focus is educational outreach.
- 4. Ensure education of all clients to promote prevention of sexually transmitted disease including HIV.
- 5. Organize updates and/or in-service trainings for health professionals staff and volunteers to facilitate dissemination of the most recent sexually transmitted disease information.

July 01, 2003 through June 30, 2004

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Amount

Outside Services – Other

\$2,000

Contracted services for database repair and coverage for program manager during the month of July.

Educational Materials

\$800

Purchase of condoms, brochures, and other printed materials for distribution to clients by clinicians to promote safer sex practices.

Printing & Duplicating

\$1,000

Production of clinic materials, brochures, reproduction of medical records and general photocopier usage.

Pharmaceuticals

\$10,000

Pharmacy supplies needed by clients.

Seminars & Conferences

\$1,000

Registration costs associated with conference attendance and presentation, including APHA, National Lesbian/Gay Health Association, US Conference on AIDS, and others.

Staff Training

\$900

Costs incurred to provide training, either in-house or by sending staff to seminars and conferences, to enhance their ability to provide services to a multicultural clientele.

Supplies – General

\$5,000

General office supplies (pens, paper, file folders, etc.) required for maintenance of program operations.

Travel

\$1,000

Costs for travel to health conferences and presentations, including APHA, International STD Conference, and others.

Advertising

\$1,500

Costs associated with the purchase of electronic and print media ads for recruitment of Health Data Analyst as well as other offsite testing activities. Will also include costs of new campaign to advertise for clinic daytime walk-in syphilis testing hours.

Insurance – Malpractice

\$1,000

Costs associated with malpractice insurance of Medical Director and physician assistants.

Supplies – Medical

\$5,000

Costs for all clinical supplies including lab supplies, testing supplies, and exam room supplies.

July 01, 2003 through June 30, 2004

SALARIES & BENEFITS	<u>Name</u>	<u>FTE</u>	ZHIOWIL
Program Director – SHP Responsible for overall direction, planning,	Horton and coordination of Sexual F	40% Iealth Program (SHF	\$20,147 P).
STD Coordinator Responsible for day-to-day supervision of cresearch projects; assures continuity and que costs. Position supplemented by another gradents	ality of care. Salary decrease		
Epidemiologist Develop, design, conduct, analyze and write information disseminated by the program, in			
Administrative Assistant Schedule appointments; check clients in; as database. Remainder of salary supplemente another grant.			
Medical Records AA Conduct intake interviews of clinic patients reports, as required by funding sources.	Taylor; enter data for all client visit	100% s; prepare regular sta	\$36,743 atistical
Licensed Vocational Nurse Meet with clinic patients; provide health edadminister injections; record lab results, and another grant.			
Fringe Benefits Calculated at approximately 21.18% of sala Comp (2.48% of salaries); SUI (3.10% of 1			

SERVICES & SUPPLIES

Outside Services - Contract Physicians

\$310 per FTE/month); and LTD (.45% of salaries).

\$11,300

Amount

Contracted Medical Director for program; regularly scheduled to examine and treat clients. MD for 200 hrs @ \$75.25/hr.

Position supplemented by another grant.

Outside Services - Medical Other

\$19,500

Contracted Physician Assistants (PAs) to aid Medical Director with client examination and treatment. Two PA's for approximately 476 hours per year @ \$41/hr.

July 01, 2003 through June 30, 2004

Amount

Telephone

\$500

Costs will be supplemented by another grant.

Events

\$2,000

Costs associated with community outreach and off-site testing events (registration, sanitation, permits, insurance, etc.)

FACILITY RENT/LEASE/PURCHASE

\$0

EQUIPMENT LEASE/PURCHASE

\$0

INDIRECT COSTS

\$8,072

The agency's actual indirect cost rate of 27% has been submitted to the Federal Government for approval; we have calculated the indirect cost rate at approximately 3.71% of Salaries & Benefits (approximately 2.80% of contract total). These costs include general administrative overhead, rent, utilities, janitorial and security expenses, insurance, fiscal administration, etc.

GRAND TOTAL

\$288,214

SEXUALLY TRANSMITTED DISEASE PROGRAMS

L.A. GAY & LESBIAN CENTER

Contract H-211172-3 July 01, 2003 through June 30, 2004

A. SALARIES & EMPLOYEE BENEFITS	MONTHLY SALARY	# OF MONTHS	% OF FTE	FY 2003/04 REQUESTED BUDGET
Full-Time Employees				
5000 Program Director - SHP (Horton, T) STD Coordinator (Manning, P) Epidemiologist (Amezola de Herrera, P) Administrative Assistant (Gallegos, M) Medical Records AA (Taylor, P) Licensed Vocational Nurse (Ybarra, S)	4,197.24 2,686.37 4,281.08 2,075.04 3,061.91 2,806.89	12 12 12 12 12 12	40% 50% 100% 100% 100% 90%	20,147 16,118 51,373 24,900 36,743 30,314
Subtotal, Salaries				179,595
6001 FICA/MFICA 6003 SUI 6051 Workers' Comp 6052 Health 6053 LTD	7.65% of Salaries 3.10% of 1st \$8,000/FTE 2.48% of Salaries \$310 per FTE/month 0.45% of Salaries			13,739 1,190 4,454 17,856 808
Benefits (Approximately	21.18%			38,047
Subtotal, Full-Time Employee Salaries & Benefits	5			217,642
B. SERVICES & SUPPLIES				
Outside Services - Contract Physicians Outside Services - Medical Other Outside Services - Other Educational Materials Printing & Duplicating Pharmaceuticals Seminars & Conferences Staff Training Supplies - General Travel Advertising Insurance - Malpractice Supplies - Medical Telephone Event Expenses Subtotal, Services & Supplies C. FACILITY RENT/LEASE/PURCHASE D. EQUIPMENT LEASE/PURCHASE				11,300 19,500 2,000 800 1,000 10,000 1,000 1,000 1,000 1,500 1,000 5,000 5,000 2,000 0
E. INDIRECT COSTS	3.71% of Salaries & Be	nefits		8,072
TOTAL PROGRAM EXPENSES	in 178 of Salarioo & Bol			288,214 288,214 0

SCOPE OF SERVICES JULY 01, 2004 – JUNE 30, 2005

PROGRAM UNITS

Program is composed of the following units:

- I. Administration
- II. Medical Records and Admissions
- III. Laboratory
- IV. Case Management
- V. Medical Services
- VI. Health Education

UNITS DESCRIPTION AND OBJECTIVES

Contractor agrees to provide services of the Program which will be organized as outlined herein below by six major program units. Contractor further agrees to exercise all reasonable efforts to attain all Program objectives as presented in this outline of Program units.

The Sexually Health Program Clinic of the L. A. Gov and Loshion Contor therein of an enforced to

The Sexually Health Program Clinic of the L.A. Gay and Lesbian Center (hereinafter referred to as ("Clinic") is composed of six units, and is organized as follows:

I. ADMINISTRATION

A. Description of Unit:

For purpose of this Agreement, the Clinic's Director of the Sexual Health Program shall ensure that the Clinic is operated in compliance with laws, regulations, contract and policy pursuant to the Departmental publication of Sexually Transmitted Disease Procedure Manual.

The Contractor will act as a sentinel surveillance site for a number of important STDs including Gonorrhea, Chlamydia, Syphilis, Human Papilloma Virus (HPV), herpes and other STDs. The Contractor will also provide basic epidemiologic information on a specific population of gay men and lesbians with high rates of STD morbidity. Surveillance information obtained via the Clinic is critical for health promotion and disease control within a population exhibiting high STD morbidity.

SCOPE OF SERVICES JULY 01, 2004 – JUNE 30, 2005

B. <u>Unit Objectives</u>:

- 1. Supervise, direct, and coordinate all units of Clinic.
- 2. Monitor provision of medical services to ensure compliance with laws, regulations, contract and County policy.
- 3. Solicit, receive, manage, control, and direct Clinic funds.
- 4. Prepare and forward periodic reports as required by County.
- 5. Represent Clinic as required.
- 6. Ensure that all licenses, insurance and other documents are current and meet requirements of laws, regulations and contract.
- 7. Recruit, train, and evaluate salaried and volunteer staff.
- 8. Control supplies, service levels, and inventory.

II. MEDICAL RECORDS AND ADMISSIONS

A. Description of Unit:

Unit shall prepare and store charts, records, test results, and pertinent papers in order to provide adequate documentation of medical care to each client accepted into Clinic. Unit shall schedule appointments, admit and screen clients, collect fees and donations, and any related revenues including maintenance of adequate documentation.

B. Unit Objectives:

1. Operate appointment and admission systems to ensure intake of an average of eighteen clients per clinic at the McDonald/Wright Building (220 clinics per year/approximately 3,960 unduplicated clients per year); an average of two clients per clinic at *The SPOT* (190 clinics per year/approximately 380 unduplicated clients per year); and an average of 2,056 unduplicated clients per year at community fairs, festivals, bathhouses, etc.

SCOPE OF SERVICES JULY 01, 2004 – JUNE 30, 2005

Such figures reported as listed above shall consist of approximately 3,710 men who have sex with men and/or women (MSM/W), and approximately 50 lesbians exhibiting high STD morbidity.

- 2. Maintain client records in an efficient manner and in accordance with law and established confidentiality.
- 3. Collect, analyze, maintain and report data to County as required under the provisions of this Agreement.
- 4. Operate all services without charge, but accept donations from clients and the general public, and track and account for all such revenue.
- 5. Staff nurse review of all medical records after each clinic session according to accepted standards, and reporting of positive results on County Morbidity Results (CMR) cards.

III. <u>LABORATORY</u>

A. <u>Description of Unit</u>:

The laboratory shall be licensed, supervised by a licensed medical laboratory technologist(s), and shall perform, (at a minimum, tests for gonorrhea and syphilis).

In addition, the laboratory is licensed to perform:

- Urine Pregnancy
- Herpes Simplex Type 1 and/or 2 Antigen
- Chlamydia Antigen (Urine or Urethral and Cervical)
- Strep Throat
- H. Ducreyi Presumptive ID
- Vincent's Angina Presumptive
- Candida Albicans (Rule Out)

SCOPE OF SERVICES JULY 01, 2004 – JUNE 30, 2005

- T. Vaginalis
- Fungal Skin Scrapings

B. Unit Objectives

- 1. At a minimum, perform tests for Syphilis and Gonorrhea, Chlamydia, Herpes, Candida, Urine Pregnancy, Strep Throat, H. Ducreyi, Presumptive ID, Vincent's Angina Presumptive, T. Vaginalis, Fungal Skin Scrapings.
- 2. Process and report stat laboratory tests including, but not limited to, Rapid Plasma Reagin, gram stain, darkfield exam.
- 3. Report all positive/reactive findings indicative of Sexually Transmitted Disease as per Section 25.5 of the California Code of Regulations.
- 4. Maintain records of all such tests as required by law and regulations.
- 5. Maintain inventory control.
- 6. Perform and record quality control tests as required by law.
- 7. Maintain an up-to-date lab manual.

IV. CASE MANAGEMENT:

A. Description of Unit:

This unit shall interview or counsel, follow-up and document treatment of persons identified at Clinic, or through referral from the outside as having syphilis, gonorrhea, chlamydia, non gonococcal urethritis and/or chancroid.

B. <u>Unit Objectives</u>:

- 1. Syphilis Case Management
 - a. Counsel/Interview 90 95% of all primary, secondary, and early latent syphilis cases using motivational techniques and the self referral checkmate type of system within three days of detection/diagnosis. Counseling shall emphasize patient compliance, patient knowledge of disease, and referral of persons exposed to the patient's infection.

SCOPE OF SERVICES JULY 01, 2004 – JUNE 30, 2005

- b. Re-counsel 90 95% of total cases counseled (70 75% within 7 days) for the purpose of ensuring medical compliance and referral of sex partners for counseling.
- c. Examine new locatable contacts, suspects, associates and high priority patients requiring further evaluation or treatment (as determined by Program policy) within the following time frames.*

45 to 50% in 3 days 70 to 75% in 7 days 80 to 85% in 14 days

- *Computing time from date assigned by Epi Supervisor.
- d. Provide epidemiologic (preventive) treatment for 90 95% of clinically and serologically negative contacts who could nevertheless be incubating syphilis.
- e. Keep legible records and statistics as required by County.
- 2. Gonorrhea Case Management
 - a. Counsel/Interview 85 90% of all clients clinic diagnosed as having gonorrhea using motivational techniques and a self referral checkmate type system.
 - b. Record all counseling activity and submit to County on CMR card.
 - c. Assure that 90% of gonorrhea cases (laboratory confirmed) are adequately treated within ten days of report by lab.
 - d. Provide epidemiologic treatment for 90 95% of laboratory negative contacts to gonorrhea patients.
- 3. Chlamydia Case Management (reporting began 03/13/92)
 - a. Counsel/Interview 85 90% of all clients diagnosed as having Chlamydia Antigen positive test using motivational techniques and self referral checkmate type system.
 - b. Record all counseling activity and submit to County on CMR card.

SCOPE OF SERVICES JULY 01, 2004 – JUNE 30, 2005

- c. Assure that chlamydia cases (laboratory confirmed) are adequately treated.
- d. Provide epidemiologic treatment for 90 95% laboratory negative contacts.
- 4. Non Gonococcal Urethritis Case Management. (Reported since 1990 following the same guidelines as sections 2 and 3 above)
- 5. Chancroid Case Management. (Reported following guidelines as in Section 3 and 4 above.)
- 6. Herpes (Not reportable, but all clients are interviewed and provided with education and counseling.)

V. MEDICAL SERVICES

A. <u>Description of Unit</u>:

In accordance with County Sexually Transmitted Disease guidelines, this unit shall assess and treat all clients requesting services.

B. Unit Objectives:

- 1. Medically assess and plan treatment for all such clients and provide such treatment according to County protocol.
- 2. Refer for medical follow-up when treatment is required beyond the scope of Clinic's capability.
- 3. Counsel and educate clients as to the nature of their disease and appropriate follow-up care.
- 4. Re-schedule for follow-up testing and/or treatment as required.

SCOPE OF SERVICES JULY 01, 2004 – JUNE 30, 2005

VI. HEALTH EDUCATION:

A. <u>Description of Unit:</u>

The Unit shall provide professional education expertise for developing and organizing STD prevention oriented services and outreach activities associated with all sexually transmitted diseases including information about Acquired Immune Deficiency Syndrome (AIDS). Provision of such services shall occur primarily at *The SPOT*.

B. Unit Objectives:

- 1. Maintain close liaison with, both, in-house and outside education and research activities.
- 2. Translate most recent research results into meaningful information for clients, volunteers, staff, media, and all outreach activities.
- 3. Provide professional consultation to volunteers, staff, agency, and organizations where focus is educational outreach.
- 4. Ensure education of all clients to promote prevention of sexually transmitted disease including HIV.
- 5. Organize updates and/or in-service trainings for health professionals staff and volunteers to facilitate dissemination of the most recent sexually transmitted disease information.

Amount

Los Angeles County – Department of Health Services Public Health Programs and Services Sexually Transmitted Disease Programs

July 01, 2004 through June 30, 2005

SALARIES & BENEFITS Name FTE Program Director – SHP Horton 40% \$21,161 Responsible for overall direction, planning, and coordination of Sexual Health Program (SHP). STD Coordinator Manning \$16,600 Responsible for day-to-day supervision of clinic, ensuring smooth operation of functions; oversees research projects; assures continuity and quality of care. Salary decrease is a result of increase in indirect costs. Position supplemented by another grant. **Epidemiologist** Amezola de Herrera \$52,903 100% Develop, design, conduct, analyze and write results of STD research studies; ensure quality of information disseminated by the program, including disease surveillance and other regular reports. Administrative Assistant Gallegos 100% \$25,634 Schedule appointments; check clients in; assist clients in completing required paperwork; enters same into database. Remainder of salary supplemented by other funding source. Costs being supplemented by another grant. Medical Records AA Taylor 100% \$37,833 Conduct intake interviews of clinic patients; enter data for all client visits; prepare regular statistical reports, as required by funding sources. Licensed Vocational Nurse Ybarra 90% \$31,220 Meet with clinic patients; provide health education and patient teaching; dispense medications and administer injections; record lab results, and disclose lab results to patients. Position supplemented by another grant. **Fringe Benefits** \$38,656 Calculated at approximately 20.86% of salaries, including FICA/MFICA (7.65% of salaries); Workers' Comp (2.48% of salaries); SUI (3.10% of 1st \$8,000 per FTE/annually); Medical/Dental/Vision (approx

SERVICES & SUPPLIES

Outside Services - Contract Physicians

\$310 per FTE/month); and LTD (.45% of salaries).

\$11,300

Contracted Medical Director for program; regularly scheduled to examine and treat clients. MD for 200 hrs @ \$75.25/hr.

Position supplemented by another grant.

Outside Services – Medical Other

\$19,500

Contracted Physician Assistants (PAs) to aid Medical Director with client examination and treatment. Two PA's for approximately 476 hours per year @ \$41/hr.

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July 01, 2004 through June 30, 2005

Amount

Outside Services – Other

\$2,000

Contracted services for database repair and coverage for program manager during the month of July.

Educational Materials

\$800

Purchase of condoms, brochures, and other printed materials for distribution to clients by clinicians to promote safer sex practices.

Printing & Duplicating

\$1,000

Production of clinic materials, brochures, reproduction of medical records and general photocopier usage.

Pharmaceuticals

\$8,000

Pharmacy supplies needed by clients.

Seminars & Conferences

\$1,000

Registration costs associated with conference attendance and presentation, including APHA, National Lesbian/Gay Health Association, US Conference on AIDS, and others.

Staff Training

\$750

Costs incurred to provide training, either in-house or by sending staff to seminars and conferences, to enhance their ability to provide services to a multicultural clientele.

Supplies – General

\$5,000

General office supplies (pens, paper, file folders, etc.) required for maintenance of program operations.

Travel

¢1 000

Costs for travel to health conferences and presentations, including APHA, International STD Conference, and others.

Advertising

\$1,500

Costs associated with the purchase of electronic and print media ads for recruitment of Health Data Analyst as well as other offsite testing activities. Will also include costs of new campaign to advertise for clinic daytime walk-in syphilis testing hours.

Insurance - Malpractice

\$1,000

Costs associated with malpractice insurance of Medical Director and physician assistants.

Supplies – Medical

\$5,000

Costs for all clinical supplies including lab supplies, testing supplies, and exam room supplies.

July 01, 2004 through June 30, 2005

Telephone
Costs will be supplemented by another grant.

Events
Costs associated with community outreach and off-site testing events (registration, sanitation, permits, insurance, etc.)

FACILITY RENT/LEASE/PURCHASE

EQUIPMENT LEASE/PURCHASE
\$0

INDIRECT COSTS
\$3,857

The agency's actual indirect cost rate of 27% has been submitted to the Federal Government for approval; we have calculated the indirect cost rate at approximately 1.72% of Salaries & Benefits (approximately 1.33% of contract total). These costs include general administrative overhead, rent, utilities, janitorial and security expenses, insurance, fiscal administration, etc.

GRAND TOTAL \$288,214

SEXUALLY TRANSMITTED DISEASE PROGRAMS

L.A. GAY & LESBIAN CENTER

Contract H-211172-3 July 01, 2004 through June 30, 2005

A. SALARIES & EMPLOYEE BENEFITS	MONTHLY SALARY	# OF MONTHS	% OF FTE	FY 2004/05 REQUESTED BUDGET
Full-Time Employees				
Program Director - SHP (Horton, T) STD Coordinator (Manning, P) Epidemiologist (Amezola de Herrera, P) Administrative Assistant (Gallegos, M) Medical Records AA (Taylor, P) Licensed Vocational Nurse (Ybarra, S)	4,408.59 2,766.72 4,408.59 2,136.17 3,152.73 2,890.73	12 12 12 12 12 12	40% 50% 100% 100% 100% 90%	21,161 16,600 52,903 25,634 37,833 31,220
Subtotal, Salaries			1.00	185,351
6001 FICA/MFICA 6003 SUI 6051 Workers' Comp 6052 Health 6053 LTD	7.65% of Salaries 3.10% of 1st \$8,000/FTE 2.48% of Salaries \$310 per FTE/month 0.45% of Salaries	Ξ		14,179 1,190 4,597 17,856 834
Benefits (Approximately	20.86%			38,656
Subtotal, Full-Time Employee Salaries & Benefit	ts			224,007
D OFFINACEO & CHIPPLIES				
B. SERVICES & SUPPLIES Outside Services - Contract Physicians Outside Services - Medical Other Outside Services - Other Educational Materials Printing & Duplicating Pharmaceuticals Seminars & Conferences Staff Training Supplies - General Travel Advertising Insurance - Malpractice Supplies - Medical Telephone Event Expenses Subtotal, Services & Supplies				11,300 19,500 2,000 800 1,000 8,000 1,000 750 5,000 1,000 1,500 1,000 5,000 500 2,000
C. FACILITY RENT/LEASE/PURCHASE				
D. EQUIPMENT LEASE/PURCHASE				
E. INDIRECT COSTS	1.72% of Salaries & Be	nefits		3,857
TOTAL PROGRAM EXPENSES				288,214 288,214 0

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM APPLICATION FOR EXEMPTION AND CERTIFICATION FORM

The County's solicitation for this contract/purchase order (Request for Proposal or Invitation for Bid) is subject to the County of Los Angeles Countractor Employee Jury Service Program (Program) (Los Angeles County Code, Chapter 2.203). All bidders or proposers, whether a contractor or subcontractor, must complete this form to either 1) request an exemption from the Program requirements or 2) certify compliance. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the bidder or proposer is exempt from the Program.

de	termine, in its sole discretion, whether the bidder or pr	roposer is exempt from the Prog	ram.
С	Company Name:		
С	Company Address:		
С	ity:	State:	Zip Code:
Т	elephone Number:	()	
S	olicitation For (Type of Goods or Services):		
(at WI Pa	you believe the Jury Service Program does not applicated documentation to support your claim); or, conether you complete Part I or Part II, please sign and the Jury Service Program is Not Applicable to My	emplete Part II to certify comp nd date this form below. Business	liance with the Program.
3	My Business does not meet the definition of "contractor", as defined in the Program as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exemption is not available if the contract/purchase order itself will exceed \$50,000). I understand that the exemption will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.		
	My business is a small business as defined in the Program. It 1) has ten or fewer employees; <u>and</u> , 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; <u>and</u> , 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exemption will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.		
,	"Dominant in its field of operation" means having employees, and annual gross revenues int eh precede contract awarded, exceed \$500,000.	mor than ten employees, including twelve months, which, if ad	ding full-time and part-time Ided to the annual amount of the
	"Affiliate or subsidiary of a business dominant in percent owned by a business dominant in its field of	n its field of operation" means operation or by partners, officer	a business which is at least 20 rs, directors, majority stockholders,

supersedes all provisions of the Program.

or their equivalent, of a business dominant in that field of operation.

OR

My business is subject to a Collective Barganing Agreement (attach agreement) that expressly provides that it

Part II: Certification of Compliance

My business <u>has</u> and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my company <u>will have</u> and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

no shame. no blame. no names.

now there's a way to safely surrender your baby



The Safely Surrendered Baby Law A Confidential Safe Haven For Newborns

In California, the Safely Surrendered Baby Law allows an individual to give up an unwanted infant with no fear of arrest or prosecution for abandonment as long as the baby has not been abused or neglected. The law does not require that names be given when the baby is surrendered. Parents are permitted to bring a baby within 3 days of birth to any hospital emergency room or other designated safe haven in California. The baby will be placed in a foster or pre-adoptive home.

In California, no one ever has to abandon a child again.

In Los Angeles County: (877) BABY SAFE (877)222-9723babysafela.org



State of California Gray Davis, Governor

Health and Human Services Agency Grantland Johnson, Secretary

Department of Social Services Rita Saenz, Director



Los Angeles County Board of Supervisors

Gloria Molina, Supervisor, First District Yvonne Brathwaite Burke, Supervisor, Second District Zev Yaroslavsky, Supervisor, Third District Don Knabe, Supervisor, Fourth District Michael D. Antonovich, Supervisor, Fifth District

What is the Safely Surrendered Baby Law?

It's a new law. Under this law, a person may surrender their baby confidentially. As long as the baby has not been abused or neglected, the person may do so without fear of arrest or prosecution.

How does it work?

A distressed parent who is unable or unwilling to care for an infant can legally, confidentially and safely surrender their baby within 3 days of birth. All that is required is that the baby be brought to a hospital emergency room in California. As long as the child shows no signs of abuse or neglect, no name or other information is required. A bracelet will be placed on the baby for identification. A matching bracelet will be given to the parent. The bracelet will help connect the parent to the baby if the parent wants the baby back.

Can only a parent bring in the baby?

In most cases, a parent will bring in the baby. The law allows another person to bring in the baby if they have legal custody.

Does the parent have to call before bringing in the baby?

No. A parent can bring in a baby anytime, 24 hours a day, 7 days a week.

Does a parent have to tell anything to the people taking the baby?

No. Nothing is required. However, hospital personnel will give the parent a medical information questionnaire that is designed to gather family medical history. This could be very useful in caring for the child but it is up to the parent to complete it.

What happens to the baby?

The baby will be examined and given medical treatment, if needed. Then the baby will be placed in a foster or pre-adoptive home.

What happens to the parent?

Once the parent(s) has safely turned over the baby, they are free to go.

What if a parent wants the baby back?

The parent(s) may take the bracelet back to the hospital. Hospital personnel will provide information about the baby.

Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being hurt or killed because they were abandoned.

You may have heard tragic stories of babies left in dumpsters or public toilets. The persons who committed these acts may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had nowhere to turn for help, they abandoned their infants.

Abandoning a baby puts the child in extreme danger. It is also illegal. Too often, it results in the baby's death. Because of the Safely Surrendered Baby Law, this tragedy doesn't ever have to happen in California again.

The Eighteenth Safely Surrendered Baby in California

At 8:30 a.m. on Thursday, July 25, 2002, a healthy newborn baby was brought to St. Bernardine Medical Center in San Bernardino under the provisions of the California Safely Surrendered Baby Law.

This baby was the eighteenth child protected under California's Safely Surrendered Baby Law. As the law states, the baby's mother did not have to identify herself. When the baby was brought to the emergency room, he was examined by a pediatrician, who determined that the baby was healthy and doing fine. He was placed in a foster home for short-term care while the adoption process was started.

Every baby deserves a chance for a healthy life. If you or someone you know is considering giving up a child, learn about your options.

Certainly we would prefer that women seek help while they are pregnant, not after giving birth, to receive proper medical care and counseling. But at the same time, we want to assure parents who choose not to keep their baby that they will not go to jail if they deliver their babies to safe hands in a hospital emergency room.